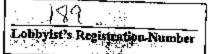
## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals,



| FOR OFFICE USI | E ONLY<br>31-60 |
|----------------|-----------------|
| HIDE           | \$45.00         |

1000808

## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, . 8401 United Plaza Blvd., Suite 200 Baton Rouge, I.A 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

| i. NAME Tate 1   | Th <b>om</b> a s   |   |                | TOOONOR  |
|--|--|---|----------------|--|
| Lagi   | First  |   |                |  |
| 2. BUSINESSPHONE 22  | 5-343-9243   |   | į              |  |
|  | Area Code and Phone Numbe  | r   | w              |  |
| 3. BUSINESS ADDRESS_   | 1755 Nicholson Drive   | Baton Rouge, L  | ouisiana 7080. | )2   |
|  | Street and No.   | City  | State          | Zip  |
| MAILING ADDRESS  | P.O. Box 479 Baton Rou   | ge, LA 70821-   | 0479           |  |
|  | Street and No.   | City  | State          | Zip  |
| 4. EMPLOYER Louis  | iana Association of Edu  | cators  |                |  |
| <ol> <li>LIST BELOW (a) Names<br/>organization you represent<br/>(d) whether or not the clie;</li> </ol> | S 1765 Nicholson Drive Street and No. ( of persons, groups, or organization ((c) the type of business each is each or someone cise pays you to lob that Association of Educa | ory Signary<br>as which you represe<br>agaged in or the purp<br>by. | te 2.ip        | of each such person, group, or<br>the organization of group; |
|  | Nicholson Drive Baton  |   | <br>802        | <b>-</b>   |
| Business or purpose_   | Educational  |   |                |  |
| Does this person pay   | you? <u>Yes</u>  |   |                |  |
| If No, who pays you?   | <u> </u>   |   | ··             | <del></del>  |

## LOBBYING REGISTRATION FORM



| 7. | Мапие                     |
|----|---------------------------|
|    | Address                   |
|    | Business of purpose       |
|    | Does this person pay you? |
|    | If No, who pays you?      |
| 3. | Name                      |
|    | Address                   |
|    | Husiness or purpose       |
|    | Does this person pay you? |
|    | If No, who pays you?      |
| 4. | Name,                     |
|    | Address                   |
|    | Business or purpost       |
|    | Does this person pay you? |
|    | If Nn, who pays you?      |

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyiat

